PTO/SB/22 (10-08)
Approved for use through 9/30/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITIC	ON FOR EXTENSION OF TIME UNDER 37 C	Docket Number (Optional) 2500-000022/US				
Application	on Number 10/736/888	Filed 12/16/2003				
For Intelligent Vehicle Access Control System						
Art Unit	2624		Examiner Andrae S. A	llison		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
		<u>Fee</u>	Small Entity Fee			
	☐ One month (37 CFR 1.17(a)(1))	\$130	\$65	\$		
	☑ Two months (37 CFR 1.17(a)(2))	\$490	\$245 ·	\$ <u>245</u>		
	☐ Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$		
	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$		
	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$		
Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 080750. I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent under 37 CFR 1.34(a).						
Registration number if acting under 37 CFR 1.34(a) January 7, 2009						
Signature Date						
	Paul A. Keller	248-641-1600				
	Typed or printed name		Telephone Number			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. I total of 1 forms are submitted.						

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2 to 11 USTMENT 03 to 12 USTMENT 03 USTMENT

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

	DEFIND				
REQUEST FOR PATENT FEE	al/Patent	# 10/736	1888		
	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		
Please refund the following fee(s):	NOTIDEA		\$		
Filing			\$		
Amendment			\$245,00		
Extension of Time			\$		
Notice of Appeal/Appeal			\$		
Petition					
Issue			\$		
Cert of Correction/Terminal Disc.			\$		
Maintenance			\$		
Assignment			. \$		
Other		1	\$		
	7 TOTAL AMOUNT (\$245, 60		(\$245,00		
	8 TO BE	REFUNDED	BY:		
	Treasury Check Credit Deposit A/C #:				
10 REASON:					
overpayment 9 0 8 0 1 5			0150		
Duplicate Payment					
No Fee Due (Explanation):		10556	al notee		
No Fee Due (Explanation): The extension of time is unnecessary, no fee is due.					
is due.					
					
11 REFUND REQUESTED BY: Diane Goodwyn	ጥፕ	TLE:	Paralegal		
TYPED/PRINTED NAME: Diane Goodwyn TITHE: 1 stateger 1 s					
SIGNATURE:Petitions					
OFFICE:	*****	******	***********		
THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: DATE: 2 / //					
		After comple			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B